THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023749
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1637

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Manchester — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 Pine Crest Homes — Length of stay in 1b 2 yrs. 10 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Manchester 4000 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Pine Crest Home — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Orah Middle (Ora) Last Risler
4. DATE OF DEATH Month June Day 17, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 6, 1878
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer (ret.)
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marcus Risler
13b. MOTHER'S MAIDEN NAME Emma (Unknown)
14. NAME OF HUSBAND OR WIFE LILLIAN Risler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Pine Crest Homes, Manchester, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arterio-Sclerotic Cardio Vascular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-29-59, to 6-17-59 and last saw her/him alive on 6-16-59
Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Allen M. Nearnyan
22b. ADDRESS 7308 Gladstone
22c. DATE SIGNED 6-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/18/59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.
25. DATE RECD. BY LOCAL REG. 6-18-59
26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Jos. McNearney
7308 Glades Ave.
Richmond Heights, Mo.
MI 5-1510
Hrs. 10 A.M. Thurs. (only)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Warren A. Carw

Licensed Embalmer No. 353

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.